Enhancing Patient Activation: Communication Strategies

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A Model of Planned Care*

Community

Resources and Policies

Self-Management Support Health System
Organization of Health Care

Decision Support Delivery System Design

Clinical Information Systems

Informed, Activated Patient

Productive Interactions

Prepared,
Proactive
Practice Team

Functional and Clinical Outcomes

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Self-Management Tasks

- To take care of the illness (medical management)
- To carry out normal activities (role management)
- To manage emotional changes (emotional management)

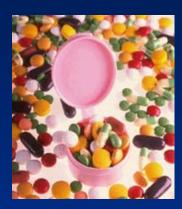


(Corbin & Strauss, 1998 Bodenheimer et al, 2002; Lorig et al, 2003)



Self-Management Tasks for Diabetes

- Blood glucose monitoring
- Managing high/low blood sugars
- Diet
- Physical activity/exercise
- **Medication taking**
- Medical monitoring/visits
- Coping with emotions
- Foot care
- Eye care
- Dental care





Medication Taking

- Understand:
 - Name
 - Condition
 - Benefits
 - Risks/Precautions
 - When and how to take it
- Remember to take it
- Report problems to medical team



What is Self-Management Support?

Institute of Medicine Definition:

- "The systematic provision of education and supportive interventions
- to increase patients' skills and confidence in managing their health problems,
- including regular assessment of progress and problems, goal setting, and problem-solving support."

(IOM, 2003)

Self-Management Support - Research Evidence

 Addressing knowledge is necessary but not sufficient to produce changes in chronic illness care outcomes

Self-Management Support – Research Evidence

- Key elements associated with positive outcomes:
 - assessment of patient-specific needs and barriers
 - goal setting
 - enhancing skills, problem-solving
 - follow-up and support
 - increasing access to resources

(Bodenheimer et al, 2002; Glasgow et al, 2003; Fisher et al, 2005)

Assessing Needs: Stages of Patient Activation

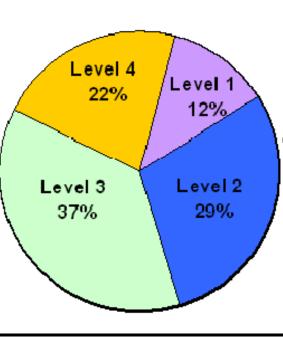
- I. Unaware of value of taking an active role
- II. See value; lack knowledge and skills to take action
- III. Have knowledge, taking some action, lack confidence to self-manage
- IV. Engaged in new behaviors, learning to maintain and problem-solve to address barriers

(Adapted from Hibbard et al, 2005; 2007)

Levels of Activation

Population Segmentation & Characteristics by PAM Stage

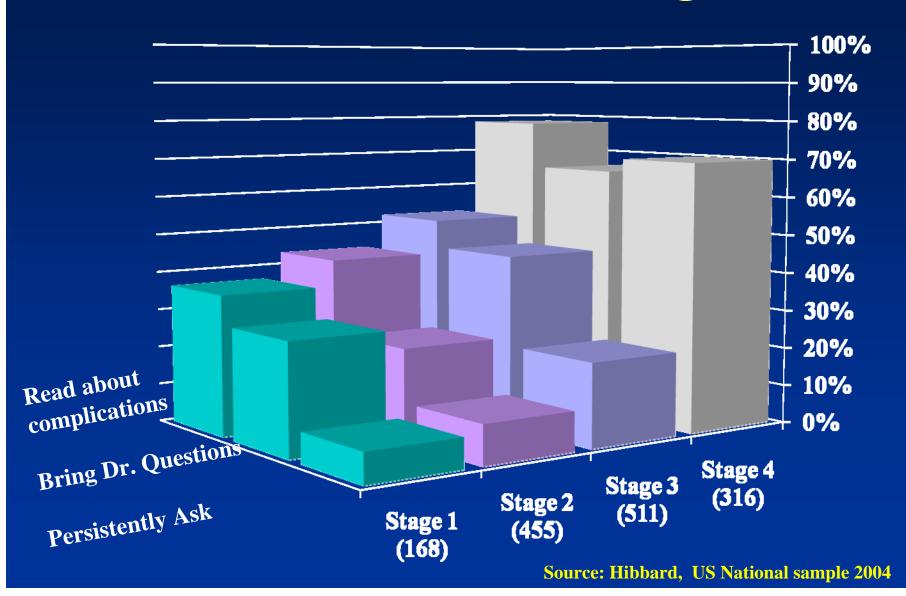
- 4. People at this stage have adopted new behaviors but may not be able to maintain them in the face of stress or health crises
- 3. People at this stage have the key facts and are beginning to take action but may lack confidence and the skill to support their behaviors



- 1. People at this stage do not yet grasp that they must play an active role in their own health. They are disposed to being passive recipients of care
- 2. People at this stage lack the basic health-related facts or have not connected these facts into a larger understanding of their health or recommended health regimens

(Hibbard et al, 2004; 2005)

Stage of Activation Linked to Information Seeking



Patient Activation: Implications

- Higher levels of activation associated with increased use of self-management behaviors and improved chronic illness outcomes
- Patient activation is changeable and changes in activation are associated with changes in patient behavior

(Hibbard et al, 2005; 2007; 2009)

Patient Activation: Implications

- Interventions to enhance patient activation may improve:
 - information seeking
 - decision-making quality
 - health behaviors, including enhanced medication adherence
- Interventions tailored to Stages of Patient Activation are more likely to be successful

(Hibbard et al, 2005; 2007; 2009)

Self-Management Support: Clinical Competencies

- Relationship Building
- Exploring patients' needs, expectations and values
- Information Sharing
- Shared Decision-Making & Collaborative Goal Setting
- Action Planning
- Skill Building & Problem Solving
- Follow-up on progress

(New Health Partnerships, 2007)



Sharing Information: Closing the loop



Ask Permission

Ask Understanding

Tell (Personalize)

Ask Understanding

(Schillinger et al, 2003; 2006)

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SMS Interventions at the Clinical Level

- Core Clinical Competencies and Tools and Resources for Teams, Patients & Families
- System redesign to efficiently deliver SMS within the context and flow of clinical care
- Meaningful links to community resources and community-based programs and campaigns

(New Health Partnerships: www.newhealthpartnerships.org)

An Ecological Model of Self-Management Support

Community & Policy

System, group, culture

Family, friends, small group

Individual biological, psychological

Access to Resources in Daily Life

Continuity of Quality Clinical Care

Follow-up and Support

Enhancing Skills

Collaborative Goal Setting

Individualized Assessment

(Fisher et al, AJPH 95:1523-35,2005; http://diabetesnpo.im.wustl.edu/

System/Policy Level Interventions

- Information Technology Interactive websites to educate & activate consumers, patients, providers
- Provider education and training SMS Core Competencies, Motivational Interviewing
- Educational Outreach QIOs, DOQ-IT, Government and Voluntary Agencies
- Quality Improvement Collaboratives:
- Incentives, rewards for provider delivery of SMS, system change

The Central Role of Health Professionals

- "Health information ... 'technologies' of patient engagement are most effective when they supplement or augment, rather than replace, interactions between patients and professionals. As patients take on new health roles, ongoing support from health professionals may become even more important."
- "Health professionals must be given the opportunity to develop their competencies in patient centered care—particularly their communication skills. Clinicians must also be given the resources needed to work collaboratively with their patients, to help them access and understand health information, and to offer support in making choices to those who need it."

(Coulter & Elins, BMJ, July, 2007)